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SERIAL NUMBER 10/642,366	FILING DATE 08/14/2003  RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. MA 0095 NP
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/404,713 08/20/2002 *LCM*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none/LCM*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/10/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Hugh C. Maier</i> Initials <i>LCM</i>				

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## TITLE

Aripiprazole complex formulation and method

FILING FEE  RECEIVED 952	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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